

Municipality of St. Mary's Expense Claim



Claimant's Name: David Hutten
 Claimant's Title: CAO
 Period Covered: December 1 - 31, 2021
 Date Submitted: _____

Date Expense incurred	Business Purpose of Expense: must include: meeting name/conference	Professional/Travel Development Expense Type (mileage/hotel/airfare)	Location	kms driven	Mileage calculated @	Meals			Other Expenses	Paid by Municipality																	
						Breakfast \$	Lunch \$	Dinner \$		Credit Card	Invoice																
					0.5200	\$	15	\$	20	\$	20																
Totals:											0	\$		\$		\$		\$									

I certify that the amounts claimed in this request are accurate, in accordance with municipal policy, and were incurred while conducting municipal business.

David Hutten, CAO
 _____ Signed
 *APPROVED BY: Greg Wren/Warden
 _____ Signed
 Print Name and Position
Marian Fraser
 _____ Signed
 Print Name and Position
 Director of Finance

Total Claim: -
Less amount paid directly by municipality: -
Balance due (owed): \$ 0